WRIA 45

C54-5WC6519

COUNTY CHELAN

NAME: Kahler Glen Golf	Course				PHONE: (509) 763-3785
ADDRESS: 20700 Clubhou	ise Dr		Leavenworth		
		City		State	ZIP
PURPOSE OF APPLICATION: POD/POU (54-X 13477CWR15)					
Original Right Holder: Hurchiwson (APP* 13477; PER* 10156, CER* 6519)					
Application received: \(\sum_{une 11, 2001} \) date Initial \$10.00 fee received: (*)Yes ()No					
Statement of additional exam	n fee \$		Sent	date	Received
PUBLICATION: Approved by:			Date		Notice Sent
CONSULTED AGENCIES:					date
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date	date		date	da	ate date.
PROTESTS:	Ву:	Name			
Cate		Name			
date	Ву:	Name			
date	Ву:	Name		3	
Affidavit received:		Checl	ked by:	P.	P. time expires:
date EDR 68-101-01					date
Report written by: Date Report Sent:					
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